



**Los Angeles County Commission for Women (LACCW)  
EVENT FUNDING REQUEST FORM**

***All requests for funds should allow LACCW 30 days to make a determination. The requesting Commissioner must provide the following information before consideration of a request***

Name of Commissioner(s)

Los Angeles County District

Olivia G. Rodriguez

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Amount Requesting: \$150.00

Purpose of Usage: ☐ Ticket(s)

☐ Donation

☒ Other (specify) attend a conference

Organization's Name: Violence Prevention Coalition of Greater Los Angeles

Address: 1000 North Alameda Street, Suite 240 Los Angeles, CA 90012  
Street City Zip

Telephone Number: (213) 346-3265 FAX Number: (213) 808-1009

Website Address: [www.vpcgla.org/](http://www.vpcgla.org/) E-mail: info@vpcgla.org

Contact Person (Name and Position): Daniel Healy, MPH Community Liaison and Training Coordinator

Event Information – Name, Time and Location:

Beyond Turf Wars

May 21, 22, 2012 8:30 AM

The California Endowment, 1000 North Alameda Street, Los Angeles CA 900112

Event Information – Purpose and Goals: (Event publicity materials may be included (optional))

Beyond Turf Wars conference will provide models of Prevention & Intervention in gang violence. Please see attached L.A. Gang Violence Prevention & Intervention Conference agendas for May 21, 22 2012

One of the Breakout Sessions is titled: Naming Violence: the DV/Gang Nexus

Constituency served within Los Angeles County (age, gender, ethnicity, income level, geographical region, etc.):

The Violence Prevention Coalition is committed to developing healthy, safe communities, advocating for a prevention-based approach to reducing/eliminating violence, and creating social equity; this includes woman, of all ages in L.A. County.

How will your attendance or donation to this event benefit the LACCW?

LACCW seeks to represent the interest and concerns of all women and contribute to their well being. The VPC has Applied Research, to include Domestic Violence/Gang Violence and Public Health Model Assessments that can benefit women in the county.

Have you participated in this event before representing the LACCW?

No ( ☒ ), this is the first time.

Yes (\_\_\_), I have attended prior to this one. Year(s): \_\_\_\_\_

Have this organization received donation fund from LACCW before? If yes, please specify the event, time, and amount of donation. If more than once, please specify the two most recent occasions.

First Occasion: \_\_\_\_\_ Violence Prevention Coalition of Greater Los Angeles \_\_\_\_\_

Second Occasion: \_\_\_\_\_

*Please send this form to:*

**Los Angeles County Commission for Women  
500 W. Temple Street, Rm. B-50, Los Angeles, CA 90012**

**PH: 213-974-1455**

**FAX: 213-633-5102**

**E-mail: rrangel@bos.lacounty.gov**

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***For CW Office Only:***

	_____ Date Received	_____ Received By	_____ Date of Review	_____ Reviewed By
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(Yes\_\_\_) (No\_\_\_)

Place on Agenda

Reason for not placing on agenda \_\_\_\_\_

_____ Date of CW Board Meeting	(Yes ___) (No___) Action Taken	(Yes ___) (No ___) Notification Sent	_____ Amount Approved
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Reason for Rejection \_\_\_\_\_

Approved 9/13/10